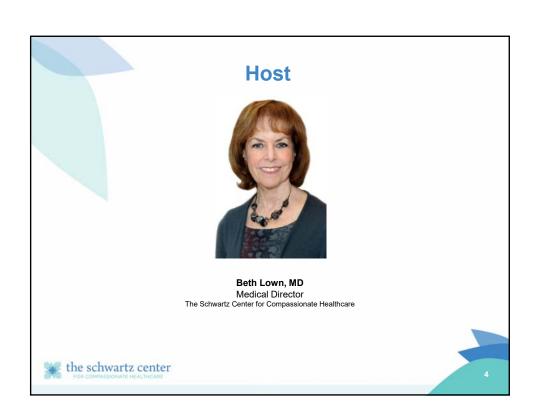


Audience Reminders

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
- You may submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
- Participate in polling questions by clicking on the response that best represents your opinion.
- We value your feedback! Please complete our electronic survey following the webinar.





Compassionate Collaborative Care Framework	
http://www.theschwartzcenter.org/media/Triple-C-Conference-Recommendations- Report FINAL1.pdf	
Focuses attention	Demonstrates trustworthiness
Recognizes nonverbal cues	Communicates with colleagues, adjusts
Actively listens	Practices self-reflection
Elicits info about the "whole person"	Builds relationships, partnerships, teams
Nonjudgmentally values each person	Practices emotion regulation
Asks about, responds to emotions, concerns	Practices self-care, attends to personal and professional development
Shares information, decision-making	Practices self-compassion



Outline

- I. The Nature of Nonverbal Communication (NVC)
- II. NVC in the Clinical Setting: What the Clinician Does
- III. The Clinician's Interpersonal Accuracy
- IV. Tips to Help Your NVC



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I. The Nature of Nonverbal Communication (NVC)



What is Nonverbal Communication (NVC)?

- Everything except the words themselves
- Facial expressions, body/arm/leg movements, gait, posture, vocal quality, gaze direction, touch, interpersonal distance
- · Ability to "read" others' nonverbal cues
- Ability to "send" the cues and expressions (messages) you intend to



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What Are the Functions of NVC?

- Emotional expression
- Revealing inner states
- Conveying attitudes
- Managing the conversational flow

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Relation to Verbal Behavior

NVC often **co-occurs** with the words being spoken:

Voice qualities, hand gestures, postures, facial expressions while speaking

Can contradict or reinforce the words

NVC also stands alone:

Substitutes for words



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Nonverbal Communication is Ever Present

You can't NOT communicate nonverbally

No matter what your intentions, your behavior will be interpreted



Spontaneous vs. Intentional

Often, nonverbal cues are **spontaneous and even unintended** ("leaked")

Other times, they are done **deliberately** to convey an impression or conceal the truth

People can control their faces more easily than voice, body, hands, and feet



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Spontaneous vs. Intentional

Regarding your own NVC:

Doing something mindfully does not equate to "inauthenticity"

Newly learned behaviors often feel false or awkward before they are fully internalized



Can NVC Be Measured?

Yes, by independent measurement

Through analysis of video/audio recordings, or live trained observers

Very specific movements and muscle activity can be measured

Impressions formed by NVC can be measured (e.g., anxiety, friendliness)

Not very well by self-reports—people are not very aware of their own NVC



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Example of Facial Action Measurement

 On the left: A smile with activation of the cheek raiser (orbicularis oculi) muscle





Polling Question #1

Which face looks more like true enjoyment?

- 1- Face on the left
- 2- Face on the right



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Building Your Nonverbal Skills

Intuitively, everyone knows that nonverbal communication matters

But in practice, it's hard to monitor, control, and notice your own and others' cues

PRACTICE is the key

Knowing the research can help



II. Nonverbal Communication in the Clinical Setting:
What the Clinician Does



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Patient-Centeredness and Nonverbal Cues

A cornerstone of the "patient-centered" approach is good NVC and perceptiveness in the clinician

Most patients desire a patient-centered clinician

Patients notice bad nonverbal communication and insensitivity



Functions of NVC in Clinical Interactions

Conveying and detecting emotions

Close observation of NVC contributes to good diagnosis—physical and mental

Signaling **good listening** (nod, gaze, listener responses—mmm, uh-huh)

Building rapport



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You Are In It Together

- BOTH clinicians and patients have emotions, attitudes, and expectations
- BOTH clinicians and patients convey and judge each other's nonverbal cues
- Often, they reciprocate each other's NVC (emotional tone, interruptions, gazing)



Nonverbal "Immediacy"

Certain nonverbal cues convey warmth, approach, and interest:

Nodding, smiling, direct gaze, forward lean, closer and more direct interaction, expressive voice, touch

These promote good relationships, the perception of being liked, attended to, cared for—also they lead to reciprocal behavior in patient, promote learning, reduce anxiety



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Nonverbal "Immediacy"







Context is Everything

There is **no cookbook** for how much, and when, to do these things

There is **no dictionary** of exact meanings of nonverbal cues

Every behavior can be used too much, or too little, or at the wrong times



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Clinicians Differ in Style

You must adopt a behavioral repertoire that matches your individual personality

Less of one behavior can be **compensated** for by more of another



What Does Nonverbal Communication Predict?

Looking at the patient predicts:

More patient talk and more disclosure of health problems, especially psychosocial problems

More awareness of the patient's problems and more accuracy at identifying distressed patients



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What Does Nonverbal Communication Predict?

Patient satisfaction is predicted by:

More physician vocal and facial expressiveness, more forward lean, nodding, gestures, closer distance, more gazing at the patient

Clinician NVC also predicts **impressions of empathy** and even of **competence**



What Does Nonverbal Communication Predict?

Lack of smiling and gazing

Physical therapy patients' declines in physical and cognitive function

Dominant voice tone

More likelihood of surgeons getting sued



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What Does Nonverbal Communication Predict?

Gender matters in predictions:

When either or both physician and patient are male, more interruptions predict LESS satisfaction

But when both are **female**, more interruptions predict **MORE satisfaction**



Gender and NVC

Female physicians (and/or women in general)

More warm NVC (smiling, nod, responsive)
Listening behaviors ('mmm,' 'uh-huh')
Closer physical distances, more direct
orientation
More eye contact



III. The Clinician's Interpersonal Accuracy



Interpersonal Accuracy

Interpersonal accuracy refers to noticing and correctly interpreting cues that are conveyed by someone else

Much research shows that interpersonal accuracy is an **important skill** in life and in clinical settings



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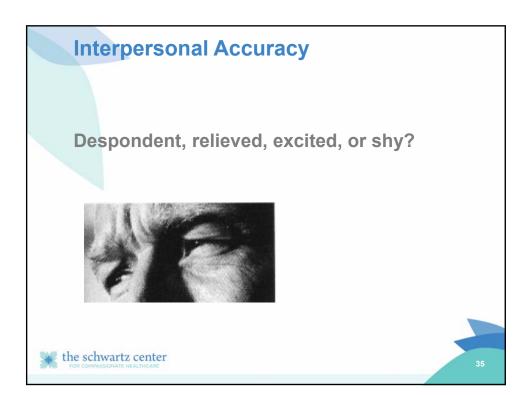
Interpersonal Accuracy

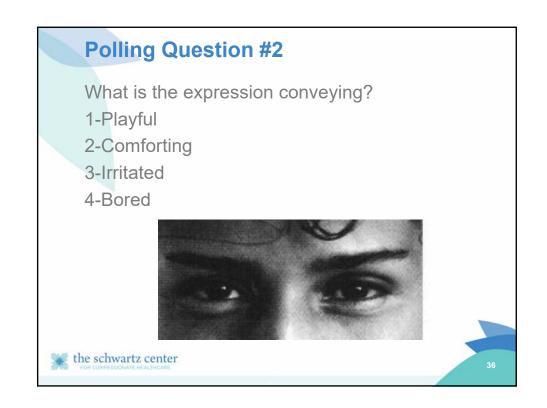
It is a **measurable skill**— validated tests exist for measuring accurate perception



Irritated, worried, sarcastic, or friendly? (Reading the Mind in the Eyes Test)







Interpersonal Accuracy

People **vary** in the skill of "reading" others' emotions or other qualities

Clinicians do not stand out as unusually gifted in "reading" people accurately



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Correlates of Interpersonal Accuracy

People who are more accurate in interpreting others' cues:

Have more satisfying personal relationships
Are more altruistic and empathic
Are more effective in workplaces
Teach, lead, persuade, and negotiate better



Clinicians' Interpersonal Accuracy

Clinical psychologists in training who are more accurate in interpreting others' cues:

Earn higher clinical effectiveness ratings by supervisors



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Clinicians' Interpersonal Accuracy

Physicians who are more accurate in interpreting others' cues:

Get higher satisfaction ratings from patients Their patients adhere better to appointment schedules



Clinicians' Interpersonal Accuracy

Medical students who are more accurate at interpreting others' cues:

Were rated by standardized patients as having better interpersonal skills



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Clinicians' Interpersonal Accuracy

Medical students who are more accurate at interpreting others' cues:

Were rated by observers as exhibiting more rapport in visits with standardized patients



Clinicians' Interpersonal Accuracy

- Physicians who are more accurate at interpreting others' cues:
- Are more successful at adapting their communication style to the interactional preferences of the patient (physiciancentered vs. patient-centered preference)



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Clinicians' Interpersonal Accuracy

Physicians who are more accurate at interpreting others' cues:

Are more likely to be female



Training to Improve Accuracy

Short-term training **increases accuracy** of interpersonal perception

Practice with feedback and discussion are the most effective elements in training



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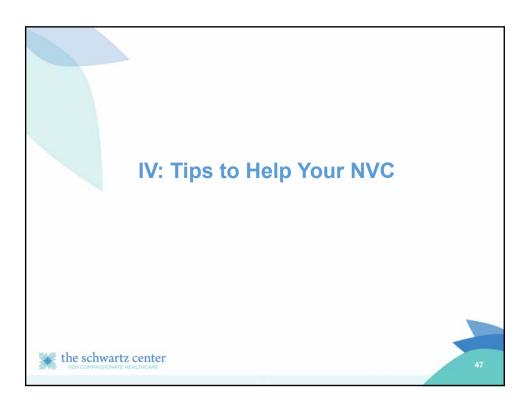
Conclusions

Nonverbal communication is **important** in clinical interactions

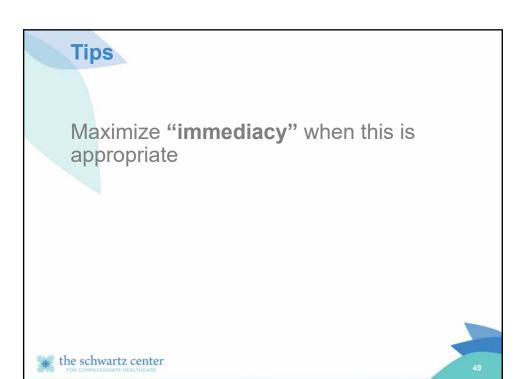
There is an **evidence base** for this conclusion

Clinicians can work to **improve their NVC** through practicing their awareness of other's cues













Practice close observation of others' cues: try to judge the nonverbal and verbal messages separately as a good observational discipline

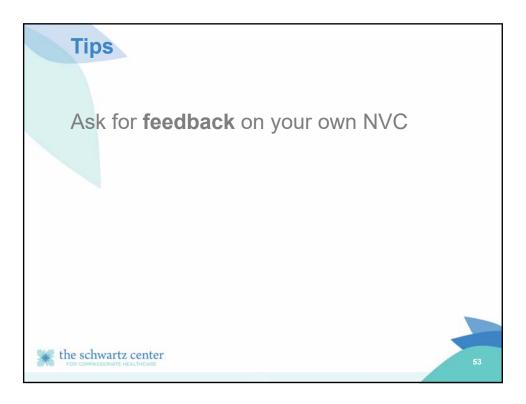


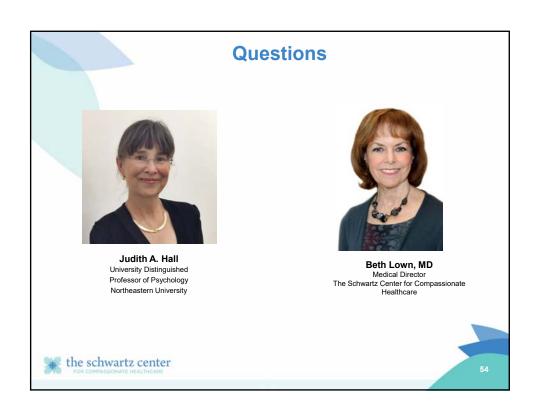
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Tips

Don't assume you know what the other's NVC means: when unsure, ASK







Upcoming Webinars

ACTIVE LISTENING: LOST ART

OR LEARNABLE SKILL?"

Abraham Fuks, MD, professor, Department of Medicine, Pathology and Oncology, McGill University April 19, 2016

Visit theschwartzcenter.org for more details or to register for a future session. Look for our webinar email invitations and share them with your friends!



